

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE						
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
1	/		/				51								
2	/						52								
3			/				53								
4	/						54								
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14	/						64								
15		2					65								
16		1					66								
17		1					67								
18		1					68								
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44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	10			6											
TOTAL DEP.	9			7											
TOTAL CLAIMS	19			13											